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Encounter Page

AHCCCS has developed and, following testing, will roll out a new encounter web page under the AHCCCS web site. The new page will contain information regarding the: encounter adjudication processing schedule; Encounter Manual and Keys; Data Validation Technical Document; current Companion Guides; HIPAA Consortium information and examples; current adjudication system edit list and resolutions; frequently asked questions; encounter communications; quarterly meeting schedules and information; and links to national organizations that may impact encounter data reporting. Please watch for more information regarding the new page.

834 File Change

Effective September 26, 2008 AHCCCS made a change to validate outbound 834 files. The structure of the Monthly and the Daily 834 did not change, just the external file name. Validating the 834 outbound files help to ensure that AHCCCS is transmitting EDI compliant files to our business partners. To simplify processing, the file naming convention of the 834 files changed:

The Monthly 834 file is no longer a zipped file. New Monthly 834 file naming convention:

- AZM834-nnnnnn-YYMMDD.TXT
- AZ is the State.
- M is for Monthly.
- 834 is the transaction code.
- nnnnnn is the Health Plan ID.
- YYMMDD is the cycle order date (ODATE).
- TXT is the file extension.

New Daily 834 file naming convention:

- AZD834-nnnnnn-YYMMDD.TXT
- AZ is the State.
- D is for Daily.
- 834 is the transaction code.
- nnnnnn is the Health Plan ID.
- YYMMDD is the cycle order date (ODATE).
- TXT is the file extension.

New Claim Adjustment Reason Code

Interest paid on a late claim or a discount reducing the claim paid amount is reported on encounter data in 837 Claim Adjustment Status (CAS) segments with the appropriate Claim Adjustment Reason Code (CARC). The CARC Committee approved AHCCCS' request to add a new CARC for penalty or interest payment. CARC # 225 (Penalty or Interest Payment by Payer) for use in reporting penalty or interest payment in 837s is effective June 1, 2008. Plans must use code 225 when reporting your penalty or interest payments on encounter submissions to AHCCCS. Please refer to the 837 Implementation Guides for information on how to report CARCs in CAS segments.

National Drug Codes (NDC)

The following active National Drug Codes (NDCs) were found to be missing from our First DataBank drug files and system drug files:

53905006504	54738009003	54738090701	54738090703
54738090801	60814059501	70074054460	



AHCCCS is currently working with First DataBank to restore the missing NDCs to our database. Meanwhile, pended encounters due to invalid NDC for the above NDCs will be noted as an AHCCCS issue until the system is resolved.

AHCCCS, DIVISION OF HEALTH CARE MANAGEMENT
DATA ANALYSIS & RESEARCH, ENCOUNTER UNIT
Encounter File Processing Schedule
October 2008 - December 2008

FILE PROCESSING ACTIVITY	Oct 2008	Oct 2008	Nov 2008	Nov 2008	Dec 2008
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS by 6:00 PM Thursday	Thurs 10/02/08	Thurs 10/16/08	Thurs 11/06/08	Thurs 11/20/08	Thurs 12/04/08
Work Days for AHCCCS	8	8	8	8	8
Encounter Pended and Adjudication Files Available to Health Plans by Friday at 5:00 PM	Fri 10/10/08	Fri 10/24/08	Fri 11/14/08	Fri 11/28/08	Fri 12/12/08

AHCCCS, DIVISION OF HEALTH CARE MANAGEMENT
DATA ANALYSIS & RESEARCH, ENCOUNTER UNIT
Encounter File Processing Schedule
January 2009 - March 2009

FILE PROCESSING ACTIVITY	Jan 2009	Jan 2009	Feb 2009	Feb 2009	Mar 2009	Mar 2009
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS by 6:00 PM Thursday	Thurs 01/08/09	Thurs 01/22/09	Thurs 02/05/09	Thurs 02/19/09	Thurs 03/05/09	Thurs 03/19/09
Work Days for AHCCCS	8	8	8	8	8	8
Encounter Pended and Adjudication Files Available to Health Plans by Friday at 5:00 PM	Fri 01/16/09	Fri 01/30/09	Fri 02/13/09	Fri 02/27/09	Fri 03/13/09	Fri 03/27/09

Note:

1. This schedule is subject to change. If untimely submission of an encounter is caused by an AHCCCS schedule change, a sanction against timeliness error will not be applied.
2. Health Plans are required to correct each pending encounter within 120 days.
3. On deadline days, encounter file(s) must arrive at AHCCCS by 6:00 pm.
4. Contractors are encouraged to submit files immediately following their claims adjudication process. Contractors may be required to submit files for one or both encounter adjudication cycles.
5. Adjustments to the schedule may be necessary until AHCCCS and its contractors have sufficient experience with multiple adjudication cycles. The plan availability dates are only estimates. Adjustments to these dates may be necessary based on the number of files submitted and processed.

Edit(s)

Z621 (MOD 50 Billed Incorrectly Duplicate Line) will be set to soft (S) while the edit is being revised.

New

- R379 - MEMBER NOT ELIGIBLE FOR NON-TRANSPLANT SERVICES**

Mode 1 & 2	Mode 1 & 2
Encounter form types I, O, L, A, & D	RI form types I, O, L, A, C, & D
Set: Pend "Y" Stat/Loc: 03/91	Set: Pend "Y" Stat/Loc: 60/35
Form type C is set to "N" off	

Mode 6 - Encounters & Reinsurance all form types set to "N" off

- Edit Z235 - Prescribing Provider NPI is Missing or Invalid**

Mode 1

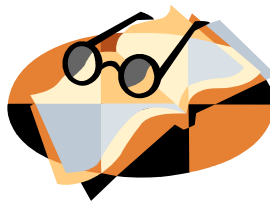
Set from "Y" pend to "S"oft

DOS 4/3/08

Bill Types

Effective for dates of service on or after January 1, 2008 the following bill types have been added to the PMMIS RF769 (Medical Categories of Service) screen with Category of Service 18 (SNF) for the following codes:

231	SNF, OUT PT, ADMIT THRU DISCHARGE
232	SNF, OUT PT, INTERIM-FIRST CLAIM
233	SNF, OUT PT, INTERIM-CONTINUING CLAIM
234	SNF, OUT PT, INTERIM-FINAL
235	SNF, OUT PATIENT, LATE CHARGES ONLY
237	SNF, OUT PT, REPLACEMENT OF PRIOR CLAIM
238	SNF, OUT PT, VOID/CANCEL PRIOR CLAIM
239	SNF, OUT PT, FINAL HOME HEALTH PPS



The mind is like a parachute. It doesn't work unless it's open.
-Unknown

Rate(s)

Rate sheets can be found on the AHCCCS website for the following facilities: <http://www.azahcccs.gov/RatesCodes/Default.aspx>

Hospital	Provider Id. No.	Effective Dates
West Valley Medical Center (new NICU II)	806416	6/13/2008 through 09/30/2008
Kindred Hospital AZ-Northwest	355969	4/10/2008
Mountain Vista Medical Center (new NICU II tier)	241961	3/21/2008

Nursing Facility Rates

Effective for dates of service beginning October 1, 2008 AHCCCSA adjusted the Fee-for-Service Rates for Nursing Facilities (NF). NF rates are adjusted by component. If you have any questions regarding the NF rates, contact Todd Schwarz at 602-417-4487. The rates can be accessed through the AHCCCS website at: <http://www.azahcccs.gov/RatesCodes/Default.aspx>

HCBS Rates

AHCCCSA adjusted Fee-For-Service Rates for Home and Community Based Services (HCBS) effective for dates of service beginning October 1, 2008. If you have any questions regarding the HCBS rates, contact Todd Schwarz at 602-417-4487. The rates can be accessed through the AHCCCS website at :<http://www.azahcccs.gov/RatesCodes/Default.aspx>

Fee-for-Service Rates for Self-Directed Attendant Care

The Arizona Health Care Cost Containment System (AHCCCS) established Fee-for-Service rates for Self-Directed Consumer Care (SDAC) under the ALTCS Home and Community Based Services (HCBS) program. Program descriptions and service definitions can be found in Chapter 13 of the AHCCCS Medical Policy Manual (AMPM). The AMPM which is available on-line at: <http://www.azahcccs.gov/Regulations/OSPpolicy/>

For questions on rates contact Todd Schwarz at (602)417-4487 or via e-mail at: Todd.Schwarz@azahcccs.gov. Questions on program elements and eligibility should be addressed to Alan Schafer at (602)417-4614 or Alan.Schafer@azahcccs.gov.

Transportation Services

AHCCCSA increased Fee-for-Service rates for all transportation services effective for dates of service beginning October 1, 2008. Both mileage and base components are adjusted for inflation. The new rates can be found on the AHCCCS web site at: <http://www.azahcccs.gov/RatesCodes/Default.aspx#ffs> . If you have questions on transportation rates you can reach Todd Schwarz at 602-417-4487 or Todd.Schwarz@AZAHCCCS.gov

Excluded Surgical Procedures

Update to Excluded Surgical Procedures for the Surgery Tier for 10/1/2008 can be found at the AHCCCS website:<http://www.azahcccs.gov/RatesCodes/Default.aspx>

FFS PHYSICIAN & OUTPATIENT FEE SCHEDULE UPDATE(S)

AHCCCS updated its Fee-For-Service (FFS) Physician Fee Schedule and Fee-For-Service Outpatient Fee Schedule rates for dates of service on and after October 1, 2008. The updated FFS Fee Schedules may be accessed through the FTP server following the September 15, 2008 processing.

- Physician Fee Schedule can be referenced by file #02 at ftp/shareinfo/reference/refer02.zip
- FFS Outpatient Fee Schedule can be referenced by file #03; ftp/shareinfo/reference/refer03.zip

Questions concerning the FFS Physician Fee Schedule rates may be directed to Victoria Burns at (602) 417-4049 or, if calling from outside Maricopa County, (800) 654-8713 ext. 7-4049.

Questions concerning the Outpatient Fee Schedule rates may be directed to Jean Xia at (602) 417-4233 or, if calling from outside Maricopa County, (800) 654-8713 ext. 7-4233. The AHCCCS website also contains the rates: <http://www.azahcccs.gov/RatesCodes/Default.aspx>

Hemophilia Update 3rd Qtr

The 3rd Quarter 2008 pricing schedule for Hemophilia products effective from 7/1/2008 through 9/30/2008 is currently on the AHCCCS website: <http://www.azahcccs.gov/RatesCodes/FFS/Hemophilia/HemophiliaPricing07080908.aspx>

Hemophilia products

Three (3) new products have been added to the already published 3rd Quarter 2008 pricing schedule for Hemophilia products. The 3 new products are effective from August 4, 2008 through September 30, 2008 and will carry on beginning with the 4th Quarter 2008. Complete information can be obtained through the AHCCCS website: <http://www.azahcccs.gov/RatesCodes/FFS/Hemophilia/HemophiliaPricing07080908.aspx>

NOVOSEVEN RT 1.0MG (PER MCG)	NOVO NORDISK	1.0mg vial	00169-7020-01	J7189	\$1.0595
NOVOSEVEN RT 2.0MG (PER MCG)	NOVO NORDISK	2.0mg vial	00169-7020-01	J7189	\$1.0595
NOVOSEVEN RT 5.0MG (PER MCG)	NOVO NORDISK	5.0mg vial	00169-7020-01	J7189	\$1.0595

Note: *Novoseven RT - New product as of 08/04/2008*

3rd Quarter

A brand new product line **Xyntha** has just been added to the already published 3rd Quarter 2008 pricing schedule for Hemophilia products. This new product was effective as of 8/15/2008 and will carry on beginning with the 4th Quarter 2008 update, further information can be found on the AHCCCS website: <http://www.azahcccs.gov/RatesCodes/FFS/Hemophilia/HemophiliaPricing>.

Revenue Codes to Procedure Codes

Effective for dates of service on or after October 1, 2008 the following revenue codes have been added to the procedure codes on PMMIS screen RF773.

Revenue Code	Revenue Code Description	CPT Code	CPT Code Description
260	IV Therapy	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
260	IV Therapy	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
260	IV Therapy	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
360	OR Services	36591	Collection of blood specimen from a completely implantable venous access device
360	OR Services	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
360	OR Services	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
360	OR Services	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
360	OR Services	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
360	OR Services	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
361	OR/Minor	36591	Collection of blood specimen from a completely implantable venous access device
361	OR/Minor	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
361	OR/Minor	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
361	OR/Minor	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
361	OR/Minor	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
361	OR/Minor	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
450	Emergency Room	36591	Collection of blood specimen from a completely implantable venous access device
450	Emergency Room	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
450	Emergency Room	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter

450	Emergency Room	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
450	Emergency Room	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
450	Emergency Room	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
452	ER/Beyond EMTALA	36591	Collection of blood specimen from a completely implantable venous access device
452	ER/Beyond EMTALA	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
452	ER/Beyond EMTALA	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
456	Urgent Care	36591	Collection of blood specimen from a completely implantable venous access device
456	Urgent Care	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
456	Urgent Care	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
459	Other Emergency Room	36591	Collection of blood specimen from a completely implantable venous access device
459	Other Emergency Room	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
459	Other Emergency Room	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
510	Clinic	36591	Collection of blood specimen from a completely implantable venous access device
510	Clinic	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
510	Clinic	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
510	Clinic	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
510	Clinic	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
510	Clinic	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
516	Urgent Clinic	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
516	Urgent Clinic	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
516	Urgent Clinic	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
517	Family Clinic	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
517	Family Clinic	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
517	Family Clinic	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
519	Other Clinic	36591	Collection of blood specimen from a completely implantable venous access device
519	Other Clinic	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
519	Other Clinic	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
519	Other Clinic	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
519	Other Clinic	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)

519	Other Clinic	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
520	Freestanding Clinic	36591	Collection of blood specimen from a completely implantable venous access device
520	Freestanding Clinic	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
520	Freestanding Clinic	36593	Dec clotting by thrombolytic agent of implanted vascular access device or catheter
520	Freestanding Clinic	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
520	Freestanding Clinic	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
520	Freestanding Clinic	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
529	Other FR/STD Clinic	36591	Collection of blood specimen from a completely implantable venous access device
529	Other FR/STD Clinic	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
529	Other FR/STD Clinic	36593	Dec clotting by thrombolytic agent of implanted vascular access device or catheter
529	Other FR/STD Clinic	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
529	Other FR/STD Clinic	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
529	Other FR/STD Clinic	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)
761	Treatment Room	36591	Collection of blood specimen from a completely implantable venous access device
761	Treatment Room	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
761	Treatment Room	36593	Dec clotting by thrombolytic agent of implanted vascular access device or catheter
761	Treatment Room	90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
761	Treatment Room	90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)
761	Treatment Room	90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)

Revenue Code(s)

Effective for dates of service on or after January 1, 2008 the following codes have been added to the Revenue Codes 0343 (Diag Radiopharmaceu) and 0636 (Drugs/Detail Coding):

A9576	Injection, gadoteridol, (prohance multipack), per ml
A9577	Injection, gadobenate dimeglumine (multihance), per ml
A9578	Injection, gadobenate dimeglumine (multihance multipack), per ml
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml

Provider Type

- Effective for dates of service on or after January 1, 2008 the following codes may now be reported by Provider Type 18 (Physicians Assistant).

Code	Description	Modifier
20670	Removal of implant; superficial (eg, buried wire, pin or rod)	
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal	
23440	Resection or transplantation of long tendon of biceps	80 (Assistant Surgeon)
24149	Radical resection of capsule, soft tissue, and heterotopic bone, el-	80 (Assistant Surgeon)
24430	Repair of nonunion or malunion, humerus; without graft (eg, com-	80 (Assistant Surgeon)
29065	Application, cast; shoulder to hand (long arm)	
29075	Application, cast; elbow to finger (short arm)	

- Effective for dates of service on or after January 1, 2006 the provider type 18 (Physicians Assistant) can now report the CPT code 59514 (Cesarean Delivery Only) with modifier 80 (Assistant Surgeon).
- Effective for dates of service on or after January 1, 2006 the CPT code 51701 (Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)) can be reported by Provider Type 18 (Physicians Assistant).
- Effective for dates of service on or after January 1, 2006 the following codes have been added to Provider Type 31 (Do-Physician Osteopath): CPT Code 36558 (Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older) and CPT Code 36821 (Arteriovenous anastomosis, open; direct, any site (eg, cimino type) (separate procedure)).
- Effective for dates of service on or after October 1, 2006 the following codes may now be reported by Provider Type 18 (Physicians Assistant).

Code	Description
44120	Enterectomy, resection of small intestine; single resection and anastomosis
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair)

- Effective for dates of service on or after January 1, 2006 for provider type 31 (DO-Physician Osteopath) can report the following CPT codes:

35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36216	Selective catheter placement, arterial system; initial second order thoracic or brachio-
36217	Selective catheter placement, arterial system; initial third order or more selective tho-
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacol-
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (list separately in addition to code for primary mechanical thrombec-
37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication,



Place of Service (POS)

- Effective for dates of service on or after October 1, 2008 the Place of Service (POS) 99 (Other Unlisted Facility) has been ended for the following CPT Code(s):
 - 99441 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)
 - 99442 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion)
 - 99443 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion)

Effective for dates of service on or after January 1, 2008 the following POS has been added to the CPT codes: 99441, 99442 and 99443:

POS	Description
11	Office
52	Psych Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mental Retard
55	Residential Substance Abuse Treat Facility
56	Psychiatric Residential Treatment Center
57	Non-Residential Substance Abuse Treatment Center
72	Rural Health Clinic



Modifier Changes

- Effective for dates of service on or after October 1, 2008 the modifier 50 (Bilateral Procedure) has been end dated for CPT Code 31624 (Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage).
- Effective for dates of service on or after October 1, 2008 the modifier 50 (Bilateral Procedure) has been end dated for CPT Code 31624 (Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage).

**Date Change**

The effective begin date of service has been changed on the PMMIS screen RF618 (Provider Type Rate Schedule) to October 1, 2006 for CPT code 01480 (Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified) for provider type: 31 (DO-Physician Osteopath).

Code(s) 97010 and A4550

A decision was made several months ago to change the coverage information associated with HCPCS codes 97010 (Application Of A Modality To One Or More Areas; Hot Or Cold Packs) and A4550 (Surgical Trays) to non-covered effective 7/01/2008. However, it was subsequently discovered that required communication to plans and providers was not published. Therefore a decision was made that the effective date of the change was being changed from 7/01/2008 to 10/01/2008 with the information to be placed in Encounter Keys and Claims Clues before that. Therefore, as of this point in time, 97010 and A4550 will be covered through **9/30/2008** and will not be covered after 10/01/08 with the proper prior notification.

Not Otherwise Specified Codes

The reporting of 'not otherwise specified' (NOS) codes should be limited. When an alternative HCPCS Level II or a CPT code better describes the service being reported NOS codes are not used. NOS codes should be used only if a more specific code is unavailable. For example, the reporting of L1499 (Spinal Orthosis, not otherwise specified) code should be limited because the spinal orthosis section of the HCPCS codes is robust and there should be an existing code for almost all spinal orthoses. If the reporting of NOS codes is above a reasonable limit, it is an opportunity to determine why the reporting of NOS codes is above expectations and/or offer provider education when a more specific code is available.

Sex Indicator The sex indicator "F" has been removed from the ICD-9 code 962.2 (Poisoning by ovarian hormones and synthetic substitutes).

Medicare Indicator

Effective for dates of service on or after July 28, 2008 the Medicare indicator has been changed to Y on PMMIS reference screens RF113 and RF127 for the following codes CPT codes :

- 99406 (Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes)
- 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes)

Code Change(s)

- Effective for dates of service on or after January 1, 2008 the following codes have a coverage code of 01 (Covered Service/Code Available):
 - J7602 (Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol))
 - J7603 (Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol))
- Effective with dates of service on or after January 1, 2007 the CPT code 19295 (Image Guided Placement, Metallic Localization Clip, Percutaneous, During Breast Biopsy (List Separately In Addition To Code for Primary Procedure)) has been added to the POS 24 (Ambulatory Surgical Center) on PMMIS screen RF115 and can be reported by provider type 43 (Ambulatory Surgical Center) on RF618.
- Effective for dates of service on or after January 1, 2007 the CPT codes 13102 (Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)); 13122 (Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)) and 22520 (Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic) have the following changes:
 - Added to Place Of Service 24 (Ambulatory Surgical Center)
 - Added Provider Type 43 (Ambulatory Surgical Center)
 - Codes 13102 and 13122 have been added to the ASC level 1 screens found on CL218
 - 22520 has been added to ASC level 9
- As a result of these additions to the ASC groups under AHCCCS' current ASC reimbursement methodology **[please recall AHCCCS previously communicated that this reimbursement methodology is changing effective October 1, 2008]** and the ASC tables have been updated. During the first August 2008 encounter adjudication cycle, pending encounters for which codes were added to the table will clear S841 (ASC Procedure Code is Not Covered). Following this adjudication cycle encounters pending for S841 must be voided.
- The Diagnosis code 758.2 (Edwards' Syndrome) maximum age is now 999.
- Effective with dates of service on or after January 1, 2007 the CPT code 19295 (Image Guided Placement, Metallic Localization Clip, Percutaneous, During Breast Biopsy (List Separately In Addition To Code for Primary Procedure)) has been added to the POS 24 (Ambulatory Surgical Center) on PMMIS screen RF115 and can be reported by provider type 43 (Ambulatory Surgical Center) on RF618.
- Effective for dates of service on or after August 14, 2008 the procedure daily limit has been changed to two (2) for CPT code 36145 (Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)).
- Effective for dates of service on or after October 1, 2008, CPT Code 36416 (Collection of capillary blood specimen (eg, finger, heel, ear stick)) with or without modifier 32 (Mandated services) can no longer be billed with an E & M code. However, if 36416 is the only service, it can be billed.

Code Change(s)

<u>Code</u>	<u>Description</u>	<u>Change(s)</u>
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	Removal of W on RF 113 and QW from RF122 Screen(s) under Laboratory
83520	Immunoassay, analyte, quantitative; not otherwise specified	Addition of W on RF 113 and QW from RF122 Screen(s) under Laboratory
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	Addition of W on RF 113 and QW from RF122 Screen(s) under Laboratory
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	Place of Service 11 (Office) and 56 (Psychiatric Residential Treatment) has been added with an effective date of January 1, 2008
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	Place of Service 11 (Office) and 56 (Psychiatric Residential Treatment) has been added with an effective date of January 1, 2008
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	<ul style="list-style-type: none"> • Coverage Code 01 (Covered Service/Code Available) is effective for dates of service on or after July 1, 2008. • Added POS 11 (Office) • Provider types 08 (Physician) and 31 (DO-Physician Osteopath) can report this code
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	<ul style="list-style-type: none"> • Coverage Code 01 (Covered Service/Code Available) is effective for dates of service on or after July 1, 2008. • Added POS 11 (Office) • Provider types 08 (Physician) and 31 (DO-Physician Osteopath) can report this code
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	Modifier 80 (Assistant Surgeon) has been end dated with an effective date of October 1, 2008.
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)	Modifier 80 (Assistant Surgeon) has been end dated with an effective date of October 1, 2008 and the modifier AS (PA Services for Assistant) has been end dated with an effective date of October 1, 2008.

15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	Modifier 80 (Assistant Surgeon) has been end dated with an effective date of October 1, 2008 and the modifier AS (PA Services for Assistant) has been end dated with an effective date of October 1, 2008.
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)	Modifier 80 (Assistant Surgeon) has been end dated with an effective date of October 1, 2008 and the modifier AS (PA Services for Assistant) has been end dated with an effective date of October 1, 2008.

Note: W - CLIA waived

QW – CLIA waived test

Coverage Code(s)

Effective for dates of service on or after July 1, 2008 the CPT 90885 (Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes) has had a coverage code change to 04 (Not covered service/code not available)

Coverage Code & Place of Service

Effective for dates of service on or after January 1, 2008 the following codes have a Coverage Code change to 01 (Covered Service/Code Available), and Place of Service 05 (Indian Health Service Free-Standing); 06 (Indian Health Service Provider-Base); 07 (Tribal 638 Free-Standing Facility); 08 (Tribal 638 Provider-Based Facility); 11 (Office); 20 (Urgent Care Facility); 21 (Inpatient Hospital); 22 (Outpatient Hospital); 23 (Emergency Room – Hospital); 24 (Ambulatory Surgical Center); 31 (Skilled Nursing Facility); 32 (Nursing Facility); 61 (Comprehensive Inpatient Rehab Facility); 62 (Comprehensive Outpatient Rehab Facility); 71 (State Or Local Public Health Clinic); 72 (Rural Health Clinic); 81 (Independent Laboratory); 99 (Other Unlisted Facility) has been added to the following T codes:

Code	Description
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
0144T	Computed tomography, heart, without contrast material, including image postprocessing and quantitative evaluation of coronary calcium
0145T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3d image postprocessing; cardiac structure and morphology
0146T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3d image postprocessing; computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium
0147T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3d image postprocessing; computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium
0148T	computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3d image postprocessing; cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium
0149T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3d image postprocessing; cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium
0150T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3d image postprocessing; cardiac structure and morphology in congenital heart disease
0151T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3d image postprocessing, function evaluation (left and right ventricular function, ejection-fraction and segmental wall motion) (list separately in addition to code for primary procedure)

Limit Change(s)

- Effective for dates of service on or after February 1, 2008 the following codes have had a change in limits found on the PMMIS Screens RF113 (Procedure Code Indicators And Values) and RF 127 (Procedure OPFS Indicators And Values).

Code	Description	New Procedure Limit
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi), administered by a computer, with qualified health care professional interpretation and report	2
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	1
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	2
96118	Neuropsychological testing (eg, halstead-reitan neuropsychological battery, wechsler memory scales and wisconsin card sorting test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	3
H0031	Mental health assessment, by non-physician	1

- Effective for dates of service on or after September 2, 2008 the following codes have had a limits change in the following areas on PMMIS Screens RF113 (Procedure Code Indicators And Values) and RF 127 (Procedure OPFS Indicators And Values): Under Laboratory, 48 has been added and under Frequency, 1 per year has been added.

Code	Description
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)

Age Limit Changes

- Effective with dates of service on or after July 16, 2008 the minimum age has been removed on the HCPCS code J9310 (Rituximab, 100 mg)
- The minimum age restriction has been removed from the HCPCS code J2060 (Injection, Lorazepam, 2mg).
- The maximum age limit has been removed from the Diagnosis code 758.2 (Edward's Syndrome).
- The minimum age has been changed to 000 for the following Diagnosis codes:

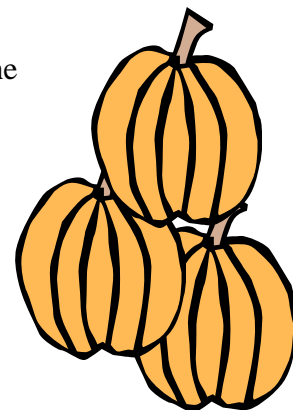
Diagnosis Code	Description
V25.01	General counseling on prescription of oral contraceptives
V25.02	General counseling on initiation of other contraceptive measures
V25.03	Encounter for emergency contraceptive counseling and prescription
V25.04	Counseling and instruction in natural family planning to avoid pregnancy
V25.09	Other general counseling and advice on contraceptive management
V25.1	Insertion of intrauterine contraceptive device
V25.40	Contraceptive surveillance unspecified
V25.41	Surveillance of contraceptive pill
V25.42	Surveillance of intrauterine contraceptive device
V25.43	Surveillance of implantable subdermal contraceptive
V25.49	Surveillance of other contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.8	Her specified contraceptive management
V25.9	Specified contraceptive management

Age Limit Removed

The minimum age has been removed from the CPT code 58150 (Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)).

Age Change(s)

Age limits have been changed on the dental code of D2932 (Prefabricated Resin Crown), the minimum age is zero (0) and the maximum age is now twenty (020).



Age Change(s)

- Effective for dates of service on or after August 4, 2008 the codes listed have had the minimum age limit (s) removed, see attached.

CODE	DESCRIPTION	CODE	DESCRIPTION
75978	Transluminal Balloon Angioplasty, Venous (Eg, Subclavian Stenosis), Radiological Supervision & Interpretation	L1660	Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And Adjustment
92135	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, (eg Scanning Laser) With Interpretation And Report, Unilateral	L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height	L1855	Knee Orthosis, Molded Plastic, Thigh And Calf Sections, With Double Upright Knee Joints, Custom-Fabricated
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each	L1910	Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter, Prefabricated, Includes Fitting And Adjustment Ankle Foot Orthosis
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly	L2030	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs, (Double Bar 'Ak' Orthosis), Without Knee Joint, Custom Fabricated
E0992	Manual Wheelchair Accessory, Solid Seat Insert	L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated
E1050	Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests	L2405	Addition To Knee Joint, Drop Lock, Each
E1060	Fully-Reclining Wheelchair, Detachable Arms, Desk or Full Length, Swing Away Detachable Elevating Legrests	L2425	Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint
E1220	Wheelchair; Specially Sized Or Constructed, (Indicate Brand Name, Model Number, If Any) And Justification	L2550	Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff
E1298	Special Wheelchair Seat Depth And/Or Width, By Construction	L3670	Shoulder Orthosis, Acromio/Clavicular (Canvas And Webbing Type), Prefabricated, Includes Fitting And Adjustment
J0475	Injection, Baclofen, 10 Mg	L3700	Elbow Orthosis, Elastic With Stays, Prefabricated, Includes Fitting & Adjustment
L1200	Thoracic-Lumbar-Sacral-Orthosis (Tlso), Inclusive Of Furnishing I	L3800	Wrist Hand Finger Orthosis, Short Opponens, No Attachments, Custom Fabricated

L1610	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only), Prefabricated, Includes Fitting And Adjustment		L4210	Repair Of Orthotic Device, Repair Or Replace Minor Parts
L1640	Hip Orthosis, Abduction Control Of Hip Joints, Static, Pelvic Ban		L5611	Addition to Lower Extremity, Endoskeletal System, Above Knee - Knee Disarticulation, 4 Bar Linkage, With Friction Swing Phase Control
L1660	Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And Adjustment		90658	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use

